

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2011**  
**TRACK III**

In Collaboration with The Center for Disease Control and Prevention's  
Behavioral Risk Factor Surveillance System

Final

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**Behavioral Risk Factor Surveillance System  
2011 State Questionnaire  
Track III**

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#### INTROQ

HELLO, I'm (interviewer name) calling for the California Department of Public Health in Sacramento and the Centers for Disease Control and Prevention.

#### PRIVRES

Is this a private residence?

1. Yes ---> We're doing a study of the health practices of California residents. Your number has been chosen randomly represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.
2. No ---> Thank you very much, but we are only interviewing private residences. (Stop)

#### EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

#### NUMADULT

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Enter the number of adults

#### NUMMEN

(If NUMADULT GT 1)

How many are men?

\_\_\_ the number of men (0-9)

#### NUMWOMEN

(If NUMADULT GT 1)

How many are women?

\_\_\_ the number of women (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

#### SELECTED

(If NUMADULT GT 1)

The person in your household I need to speak with is the \_\_\_\_\_.

Are you the (SELECTED) ?

1. Yes ---> Continue.
2. No ---> May I speak with the \_\_\_\_\_?

#### ONEADULT

(If ADULT = 1)

Are you the adult?

1. Yes---> Then you are the person I need to speak with. All the information obtained in this study will be confidential. (Go to GENHLTH-Q1)
2. No ---> May I speak with him or her? (When selected adult answers:)

Hello, I'm (interviewer name) from the California Department of Public Health and the Centers for Disease Control and Prevention.

We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,000 other {men/women} in California. Your participation in this voluntary survey will contribute valuable information used by state and federal health policy makers. We will collect NO information that can identify you. There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can move on. If you have any questions about this survey that I cannot answer, I will provide a toll free telephone number for you to call.

While supervisory staff may monitor this interview for quality control purposes, all the information obtained in this study will be confidential.

SEX INTERVIEWER: Enter sex of respondent.

1. Male
2. Female

#### RESPOND

(INTERVIEWER, DO NOT READ ALOUD) Identify the respondent ---->

- |                         |                           |
|-------------------------|---------------------------|
| 11. Oldest MALE         | 21. Oldest FEMALE         |
| 12. Second Oldest MALE  | 22. Second Oldest FEMALE  |
| 13. Third Oldest MALE   | 23. Third Oldest FEMALE   |
| 14. Fourth Oldest MALE  | 24. Fourth Oldest FEMALE  |
| 15. Fifth Oldest MALE   | 25. Fifth Oldest FEMALE   |
| 16. Sixth Oldest MALE   | 26. Sixth Oldest FEMALE   |
| 17. Seventh Oldest MALE | 27. Seventh Oldest FEMALE |
| 18. Eighth Oldest MALE  | 28. Eighth Oldest FEMALE  |
| 19. Ninth Oldest MALE   | 29. Ninth Oldest FEMALE   |

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

Is this a private residence in California?

If "no,"

Thank you very much, but we are only interviewing private residences. (Stop)

Is this a cellular telephone? By cellular (or cell ) telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residents. STOP
2. No ---> (Continue)

First I'd like to ask some questions about your health.

## Section 1: Health Status

---

### GENHLTH (CDC-CORE)

### HEALTH.

1.1 Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

77. Don't know/Not sure

99. Refused

## Section 2: Healthy Days – Health-Related Quality of Life

---

### PHYSHLTH (CDC-CORE)

### TYPE VII.

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_ Enter Number of days

88. None

77. Don't know/Not sure

99. Refused

### MENTHLTH (CDC-CORE)

### TYPE VII.

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_\_\_ Enter Number of days

88. None

77. Don't know/Not sure

99. Refused

IF PHYSHLTH >= 1 or MENTHLTH >= 1 then go to POORHLTH, ELSE GO TO HAVEPLN3

### POORHLTH (CDC-CORE)

### TYPE VII.

2.3 During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self care, work or recreation?

\_\_\_ Enter Number of days

88. None

77. Don't know/Not sure

99. Refused

### Section 3: Health Care Access

#### HAVEPLN3 (CDC-CORE)

YES/NO.

**3.1** These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMOs (health maintenance organizations) or government plans such as Medicare or Medi-Cal?

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

#### HLTHPLAN (CA-CORE)

YES/NO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

**3.2** There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVPLN3 = 1, ask:)

**Do you have health care coverage through:**

	Yes	No	Dk/Ns	Ref	
Your employer	1	2	77	99	EMPPLAN
Someone else's employer, like your spouse's or parents employer	1	2	77	99	OEMPLAN
A plan that you or someone else buys on your own	1	2	77	99	OWNPLAN
Medicare	1	2	77	99	MEDICARE
Medi-Cal (Medicaid)	1	2	77	99	MEDICAL
The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]	1	2	77	99	MILPLAN
The Indian Health Service	1	2	77	99	INDPLAN
A source other than the ones already mentioned	1	2	77	99	OTHPLAN

IF NO "YES" RESPONSES TO 3.01.01-3.01.08 GO TO PERSDOC

If HLTHPLAN responses A – H >1 then go to MAINPLAN, else go to PERSDOC

#### MAINPLAN (CA-CORE)

MAINPLN.

**3.3** What type of health care coverage do you use to pay for MOST of your medical care? Is it coverage through:

- 1. Your employer
- 2. Someone else's employer, like your spouse's or parent's employer
- 3. A plan that you or someone else buys on your own
- 4. Medicare
- 5. Medi-Cal (Medicaid)
- 6. The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA)
- 7. The Indian Health Service
- 8. A source other than the ones already mentioned
- 88. None
- 77. Don't know/Not sure
- 99. Refused

**PERSDOC (CDC-CORE)****YESNO.**

**3.4 Do you have one person you think of as your personal doctor or health care provider? (if no, ask “Is there more than one or is there “no” person who you think of?”)**

- 1. Yes, only one (DO NOT PROBE)
- 2. More than one
- 3. (probe) No
- 77. Don't know/Not sure
- 99. Refused

**NOMEDB (CDC-CORE)****YESNO.**

**3.5 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?**

- 1. Yes
- 2. No
- 77. Don't know
- 99. Refused

**CHECKUP2 (CDC-CORE)****HOWLNGC.**

**3.6 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (Read only if necessary)**

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. More than 5 years ago
- 5. Never
- 77. Don't know/Not sure
- 99. Refused

**Section 4: Hypertension Awareness**

---

**BPHIGH2 (CDC-CORE)****YESNO.**

**4.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?**  
(Interviewer: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”)

- 1. Yes
- 2. Yes, but female told only during pregnancy (Go to BLOODCHO)
- 3. No (Go to BLOODCHO)
- 4. Borderline, pre-hypertensive (Go to BLOODCHO)
- 77. Don't know/Not sure (Go to BLOODCHO)
- 99. Refused (Go to BLOODCHO)

**BPMED (CDC-CORE)****YESNO.**

**4.3 Are you currently taking medicine for your high blood pressure?**

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

## Section 5: Cholesterol Awareness

---

### BLOODCHO (CDC-CORE)

**YESNO.**

**5.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?**

- 1. Yes
- 2. No (Go to HEART)
  
- 77. Don't Know /Not sure (Go to HEART)
- 99. Refused (Go to HEART)

### CHOLCHK (CDC-CORE)

**HOWLONGC.**

**5.2 About how long has it been since you last had your blood cholesterol checked?**  
(Read only if necessary)

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 5 years (more than 2 years to 5 years)
- 4. More than 5 years ago
  
- 77. Don't Know /Not sure
- 88. Never (Go to HEART)
- 99. Refused

### TOLDHI (CDC-CORE)

**YESNO.**

**5.3 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?**

- 1. Yes
- 2. No
  
- 77. Don't Know/Not sure
- 99. Refused



## Section 6: Chronic Health Conditions

---

### **HEART (CDC-CORE)** (HEART2 in dataset)

**YESNO.**

**6.1 Now I would like to ask you some questions about cardiovascular disease.**

**Has a doctor, nurse or other health professional EVER told you that you had a heart attack, also called a myocardial infarction (MY-O-CARD-EE-AL IN-FARK-SHUN)?**

- 1. Yes
- 2. No

77. Don't Know/Not sure

99. Refused

### **ANGINA (CDC-CORE)**

**YESNO.**

**6.2 Has a doctor, nurse or other health professional EVER told you that you had angina or coronary heart disease?**

- 1. Yes
- 2. No

77. Don't Know/Not sure

99. Refused

### **STROKE (CDC-CORE)** (STROKE2 in dataset)

**YESNO.**

**6.3 Has a doctor, nurse or other health professional EVER told you that you had a stroke?**

- 1. Yes
- 2. No

77. Don't Know/Not sure

99. Refused

### **ASTHEVE3 (CDC-CORE)**

**YESNO.**

**6.4 Have you ever been told by a doctor or other health professional that you had asthma?**

- 1. Yes
- 2. No

(Go to SKCANC)

77. Don't know/Not sure

(Go to SKCANC)

99. Refused

(Go to SKCANC)

### **ASTHNOW (CDC-CORE)**

**YESNO.**

**6.5 Do you still have asthma?**

- 1. Yes
- 2. No

77. Don't Know/Not Sure

99. Refused

### **SKCANC (CDC-CORE)**

**6.6 Have you EVER been told by a doctor, nurse, or other health professional that you had skin cancer?**

**Read only if necessary:**

By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

(94)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**OTHCANC**

**6.7 Have you ever been told by a doctor, nurse, or other health professional that you had any other types of cancer?**

(95)

- 1. Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**COPDEVER**

**6.8 Has a doctor, nurse or other health professional ever said that you have COPD(chronic obstructive pulmonary disease, emphysema or chronic bronchitis?**

(96)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**ARTHRITD (CAPP)**

**YESNO.**

**6.9 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

Interviewer note (for QSI): arthritis diagnoses include:

- 1. rheumatism, polymyalgia rheumatica
- 2. osteoarthritis (NOT osteoporosis)
- 3. tendonitis, bursitis, bunion, tennis elbow
- 4. carpal tunnel syndrome, tarsal tunnel syndrome
- 5. joint infection, Reiter's syndrome
- 6. ankylosing spondylitis; spondylosis
- 7. rotator cuff syndrome
- 8. connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- 9. vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**DEPRESS1**

**6.10 Has a doctor, nurse or other health professional ever said that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?** (98)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**KIDNEY**

**6.11 Has a doctor, nurse or other health professional ever said that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.**(99)  
*Interviewer Note: Incontinence is not being able to control urine flow.*

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**VISION**

**6.12 Has a doctor, nurse or other health professional ever said that you have vision or eye problems?** (100)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

**DIABCOR2 (CDC-CORE)**

**DIABCORB.**

**6.13 Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?** (If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes").

- 1. Yes
- 2. No
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes or borderline diabetes
- 77. Don't know/Not sure
- 99. Refused

*If SEX EQ 2 go to DIABGEST*

**DIABGEST (CA, DBCP)**

**YESNO.**

**6.14 Was this ONLY while you were pregnant?**

- 1. Yes
- 2. No (Includes never been pregnant)
- 77. Don't know/Not sure
- 99. Refused

## Section 7: Physical Activity

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION:** If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

### EXERANY

**7.1** During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(171)

- 1. Yes
- 2. No (Go to STRENGTH)
- 7. Don't know / Not sure (Go to STRENGTH)
- 9. Refused (Go to STRENGTH)

### EXERACT1

**7.2.** What type of physical activity or exercise did you spend the most time doing during the past month?

\_\_\_ Select activity from brandlist

- 9 9. Refused (Go to STRENGTH)

### EXEROFT

**7.3** How many times per week or per month did you take part in this activity during the past month?

(174-176)

- 1\_ \_ Times per week
- 2\_ \_ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

### EXERHMM1

**7.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(177-179)

- \_ : \_ \_ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

### EXERACT2

**7.5** What other type of physical activity gave you the next most exercise during the past month?

\_\_\_\_\_ Select activity from brandlist

- 99. Refused (Go to STRENGTH)
- 88. No other physical activity

**EXEROFT2**

**7.6 How many times per week or per month did you take part in this activity during the past month?**

(174-176)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**EXERHMM1**

**7.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?**

(177-179)

- \_: \_ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**STRENGTH**

**7.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.**

(188-190)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 7 7 7 Don't know / Not sure
- 8 8 8 Never
- 9 9 9 Refused

**Section 8: Tobacco Use**

---

**Now I would like to ask you a few questions about cigarette smoking.**

**SMOKE100 (CDC-CORE)**

**YESNO.**

**8.1 Have you smoked at least 100 cigarettes in your entire life? (5 packs = 100 cigarettes)**

- 1. Yes
- 2. No (Go to SMKCIGAR)
- 77. Don't know/Not sure (Go to SMKCIGAR)
- 99. Refused (Go to SMKCIGAR)

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

**8.2 Do you now smoke cigarettes every day, some days, or not at all?**

- 1. Everyday (Go to SMKCIGAR)
- 2. Somedays (Go to SMKCIGAR)
- 3. Not at all
- 77. Don't know/Not sure
- 99. Refused

**SMOKREG4 (CDC-CORE)**

**SMOKREGB.**

**8.3 About how long has it been since you last smoked a cigarette, even one or two puffs?  
(Read only if necessary)**

- |     |                          |                                       |
|-----|--------------------------|---------------------------------------|
| 1.  | Within the past month    | (less than 1 month ago)               |
| 2.  | Within the past 3 months | (1 month but less than 3 months ago)  |
| 3.  | Within the past 6 months | (3 months but less than 6 months ago) |
| 4.  | Within the past year     | (6 months but less than 1 year ago)   |
| 5.  | Within the past 5 years  | (1 year but less than 5 years ago)    |
| 6.  | Within the past 10 years | ( 5 years but less than 10 years ago) |
| 7.  | 10 or more years ago     |                                       |
| 77. | Don't know/Not sure      |                                       |
| 99. | Refused                  | (Do not read)                         |

**SMKCIGAR**

**8.4 Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)**

- |       |                     |
|-------|---------------------|
| 1.    | Yes                 |
| 2.    | No                  |
| ----- |                     |
| 7.    | Don't know/Not sure |
| 9.    | Refused             |

**PIPEVER**

**8.5 Have you ever smoked a tobacco pipe?**

- |       |                     |
|-------|---------------------|
| 1.    | Yes                 |
| 2.    | No                  |
| ----- |                     |
| 7.    | Don't know/Not sure |
| 9.    | Refused             |

**HOOKEVER**

**8.6 Have you ever smoked a hookah pipe?**

- |       |                     |
|-------|---------------------|
| 1.    | Yes                 |
| 2.    | No                  |
| ----- |                     |
| 7.    | Don't know/Not sure |
| 9.    | Refused             |

**CHEWEVER**

**8.7 Have you ever used chewing tobacco such as Redmann, Levi Garrett or Beechnut?**

- |       |                     |
|-------|---------------------|
| 1.    | Yes                 |
| 2.    | No                  |
| ----- |                     |
| 7.    | Don't know/Not sure |
| 9.    | Refused             |

**SNUFEVE1**

**8.8 Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?**

1. Yes
2. No
- 
7. Don't know/Not sure
9. Refused

#### **SNUSEVER**

**8.9 Have you ever used new types of smokeless tobacco products, such as Camel Snus or Marlboro Snus? (A teabag like pouch that a user sticks between the upper lip and gum, leaves there for up to 30 minutes and discards without spitting.)**

1. Yes
2. No
- 
7. Don't know/Not sure
9. Refused

If SMOKE100=2 or 7 or 9 then go to AGE8

Else if SMOKE100=1 and SMKEVDA2=1 then go to SMOKENUM

Else if SMOKE100=1 and SMKEVDA2=2 or 3 or 7 or 9 then ask SMK6MOS

#### **Section 9: Current Cigarette Use**

**Earlier you indicated that you have smoked cigarettes. I'd like to ask you some more questions about cigarette smoking.**

#### **SMK6MOS**

**9.1 Have you ever smoked daily for six months or more?**

1. Yes
2. No (Go to SMK30ANY)
- 
7. Don't know/Not sure (Go to SMK30ANY)
9. Refused (Go to SMK30ANY)

**DAILYSMK (DAILYR, DAILYMO, DAILYWK, DAILYDY)**

**9.2 How long has it been since you smoked on a daily basis?**

- |     |   |                  |
|-----|---|------------------|
| --  | YEARS                                   | DAILYR           |
| --  | MONTHS                                  | DAILYMO          |
| --  | WEEKS                                   | DAILYWK          |
| --  | DAYS                                    | DAILYDY          |
| 00. | Time frame does not apply               |                  |
| 77. | Don't know/Not sure for that time frame |                  |
| 99. | Refused for that time frame             | (Go to SMK30ANY) |

After respondent answers DAILY(YR, MO, WK, DY), go to SMK30ANY.
---

#### **SMOKENUM**

9.3 **On the average, about how many cigarettes a day do you now smoke?**

(NOTE: 1 pack=20 cigarettes)

\_\_\_ Enter number

000. Don't smoke regularly (programmed as 888)

777. Don't know/Not sure

999. Refused (Go to SMKWHOLE)

After respondent answers SMOKENUM, go to SMKWHOLE.
--

If SMKEVDA2≠1 then ask SMK30ANY.
----------------------------------

**SMK30ANY**

9.4 **Did you smoke any cigarettes during the past 30 days?**

1. Yes

2. No (Go to SMKWHOLE)

-----

7. Don't know/Not sure (Go to SMKWHOLE)

9. Refused (Go to SMKWHOLE)

**SMK30DAY**

9.5 **On how many of the past 30 days did you smoke cigarettes?**

\_\_ Enter number

30. Everyday

77. Don't know/Not sure

99. Refused

**SMK30NUM**

9.6 **During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?**

(NOTE: 1 pack=20 cigarettes)

\_\_\_ Enter number

777. Don't know/Not sure

999. Refused



If SMOKE100=1 then ask SMKWHOLE.

#### SMKWHOLE

9.7 About how old were you when you smoked your first whole cigarette?

-- Enter age in YEARS

77. Don't know/Not sure

99. Refused

#### SMOKEAGE

9.8 About how old were you when you first started smoking cigarettes fairly regularly?

-- Enter age in YEARS

00. Never smoked regularly

77. Don't know/Not sure

99. Refused

Ask if SMKEVDA2 <= 2 or SMKREG <=4)

#### SMK12AGO

9.9 Were you smoking at all around this time 12 months ago?

1. Yes

2. No (Go to PUFF)

-----

7. Don't know/Not sure (Go to PUFF)

9. Refused (Go to PUFF)

#### SMK12DLY

9.10 Were you smoking cigarettes every day or some days?

1. Every day

2. Some days

-----

7. Don't know/Not sure

9. Refused

For SMKWAKE: If SMKEVDA2=1 or 2 ask SMKWAKE. Else go to AGEB

#### SMKWAKE

9.11 How soon after you awake in the morning do you usually smoke your first cigarette?

--- Enter response (Go to AGEB)

0000. Immediately (Go to AGEB)

7777. Don't know (Go to AGEB)

9999. Refused (Go to AGEB)

If SMKEVDA2=3 or 7 or 9 then ask PUFF. Else go to AGEB.

**PUFF** (PUFFYR1, PUFFMO1, PUFFWK1, PUFFDY1)

**9.14 When did you last smoke or have a puff on a cigarette?**

- YEARS PUFFYR1
- MONTHS PUFFMO1
- WEEKS PUFFWK1
- DAYS PUFFDY1

- 00. Time frame does not apply
- 77. Don't know/Not sure for that time frame
- 99. Refused for that time frame

## **Section 10: Demographics**

---

**AGEB (CDC-CORE)**

**10.1 What is your age?**

- Enter age in years
- 77. Don't know/Not sure
- 99. Refused

**HISP3 (CDC-CORE)**

**YESNO.**

**10.2 Are you HISPANIC or LATINO (this includes Mexican American, Latin American, Puerto Rican or Cuban)?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**ORACE3 (CDC-CORE)**

**ORACEB.**

**10.3 Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Other?**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other: (specify)
- 77. Don't know/Not sure
- 99. Refused

*(PROBE ORACE2X IF HISP3=1 and ORACE3 = 6)*

*If more than one response to ORACE3 then go to ORACE4, else go to ORACE2A*

**ORACE2X (ask IF HISP3=1 and ORACE3 = 6) NEW QUESTION**

**9.3A Would you say your race is ...**

1. White Hispanic
2. Black or African American Hispanic
3. Asian Hispanic
4. Native Hawaiian or Other Pacific Islander Hispanic
5. American Indian or Alaska Native Hispanic
6. Other Hispanic
77. Don't know/Not sure
99. Refused

**ORACE4 (CDC-CORE)**

**ORACEB.**

**10.4 Which one of these groups would you say best represents your race? Would you say...**

- |  |                  |
|--|------------------|
| 1. White                                     | (Go to MILITAR3) |
| 2. Black or African American                 | (Go to MILITAR3) |
| 3. Asian                                     | (Go to ORACE2A)  |
| 4. Native Hawaiian or Other Pacific Islander | (Go to ORACE2A)  |
| 5. American Indian or Alaska Native          | (Go to MILITAR3) |
| 6. Other: (specify) ----->                   | (Go to MILITAR3) |
| 77. Don't know/Not sure                      | (Go to MILITAR3) |
| 99. Refused                                  | (Go to MILITAR3) |

*If ORACE3= 3 or 4 then go to ORACE2A, else go to MARITAL*

**ORACE2A (CA)**

**ORACE2A.**

**10.5 Are you Chinese, Japanese, Korean, Filipino or Other?**

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. East Indian
9. Indonesian
10. Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Other: (specify)
777. Don't know/Not sure
999. Refused

**MILITAR3 (CDC-CORE)****MILSTATC.**

The next question relates to military service.

**10.6** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes, now on active duty
2. Yes, on active duty during the last 12 months, but not now
3. Yes, on active duty in the past, but not during the last 12 months
4. No, training for Reserves of National Guard only
5. No, never served in the military
77. Don't know/Not sure
99. Refused

**MARITAL (CDC-CORE)****MARITAL.**

**10.7** Are you: Married, Divorced, Widowed, Separated, Never married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
77. Don't know/Not sure
99. Refused

**CHILD18 (CDC-CORE)****TYPE VII.**

**10.8** How many children less than 18 years of age live in your household?

— Enter number of children

- |                |               |
|----------------|---------------|
| 77. Don't Know | (Go to EDUCA) |
| 88. None       | (Go to EDUCA) |
| 99. Refused    | (Go to EDUCA) |

**CHILDAGE (CA-CORE)****TYPE VII.****10.9 (If CHILD18=1, ask:) How old is the child?****(If CHILD18 GT 1, ask:) How old are the children? Beginning with the youngest...**

INTERVIEWER NOTE: List the ages of all children in the household from youngest to oldest.

If child is less than one year old then age = 1.0.

ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (3.0 suffix), two 5 year-olds (5.1=younger 5 year old, 5.2=older 5 year old) and one 13 year old (13.0 suffix)} Should

___	AGE OF YOUNGEST CHILD	CHILD1
___	AGE OF SECOND YOUNGEST CHILD	CHILD2
___	AGE OF THIRD YOUNGEST CHILD	CHILD3
___	AGE OF FOURTH youngest child	CHILD4
___	Age of fifth youngest child	CHILD5
___	Age of sixth youngest child	CHILD6
___	Age of seventh youngest child	CHILD7
___	Age of eighth youngest child	CHILD8
___	Age of ninth youngest child	CHILD9
___	Age of tenth youngest child	

77. Don't know

99. Refused

**EDUCA (CDC-CORE)****EDUCA.****10.10 What is the highest grade or year of school you completed? (Read Only if Necessary)**

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree

88. NA/ Never attended school or only kindergarten

99. Refused

**EMPLOY2 (CDC-CORE)****EMPLOYA.**

**10.11 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?**

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. Homemaker
6. Student
7. Retired
8. Unable to work

99. Refused

HHSIZE (CA)\*\*\* Calculated variable do not ask \*\*\* (not formatted)

**10.12** Household size. ((NUMADULT+CHILD18)

**INCOM02 (CDC-CORE )****INCOMEC.**

**10.13 Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to \$100,000 or over \$100,000?**

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to \$100,000
9. More than \$100,000
77. Don't know/Not sure
99. Refused

**THRESH02(CA)**
**YESNO.**

**10.14** Is your annual household income above \_\_\_\_\_ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

1. Yes
2. No

77. Don't know/Not sure
99. Refused

INCOM02	=	1	2	3	4	5	6	7	8	9
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100k+
HHSIZE=	1	\$10,830	\$14,080	\$20,040	\$21,660	\$27,080				
(Household Size)	2		\$14,570	\$18,940		\$26,950/ \$29,140	\$36,430			
	3			\$18,310	\$23,800	\$33,870/ \$36,620	\$45,780			
	4				\$22,050	\$28,670	\$40,790/ \$44,100	\$55,130		
	5				\$25,790	\$33,530	\$47,710	\$51,580/ \$64,480		
	6					\$29,530	\$38,390	\$54,630/ \$59,060/ \$73,830		
	7					\$33,270	\$43,250	\$61,550/ \$66,540	\$83,180	
	8					\$37,010	\$48,110	\$68,470/ \$74,020	\$92,530	
	9						\$40,750	\$52,980	\$75,390/ \$81,500	\$101,880
	10						\$44,230	\$57,500	\$81,830/ \$88,460	\$110,580
	11						\$48,230	\$62,700	\$89,230/ \$96,460	\$120,580
	12						\$51,970	\$67,560	\$96,150	\$103,940 / \$129,930
	13							\$55,710/ \$72,420		\$103,000 / \$111,400 / \$139,280

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2010.)

**WEIGHT (CDC-CORE)****(not formatted)****10.15 About how much do you weigh without shoes?** Round fractions up.

\_\_\_ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know/Not sure

999. Refused

**HEIGHT (CDC-CORE)****(not formatted)****10.16 About how tall are you without shoes?**

Round fractions down

Enter height in feet and inches

(Ex. 5 feet 11 inches = 511)

\_\_\_ Enter height (verify if less than 408 or greater than 608)

777. Don't know/Not sure

999. Refused

**COUNTY1 (CDC-CORE)** ANSI County Code (formerly FIPS county code) **COUNTYA.****10.17 What county do you live in?**

001. ALAMEDA	041. MARIN	081. SAN MATEO
003. ALPINE	043. MARIPOSA	083. SANTA BARBARA
005. AMADOR	045. MENDOCINO	085. SANTA CLARA
007. BUTTE	047. MERCED	087. SANTA CRUZ
009. CALAVERAS	049. MODOC	089. SHASTA
011. COLUSA	051. MONO	091. SIERRA
013. CONTRA COSTA	053. MONTEREY	093. SISKIYOU
015. DEL NORTE	055. NAPA	095. SOLANO
017. EL DORADO	057. NEVADA	097. SONOMA
019. FRESNO	059. ORANGE	099. STANISLAUS
021. GLENN	061. PLACER	101. SUTTER
023. HUMBOLDT	063. PLUMAS	103. TEHAMA
025. IMPERIAL	065. RIVERSIDE	105. TRINITY
027. INYO	067. SACRAMENTO	107. TULARE
029. KERN	069. SAN BENITO	109. TUOLUMNE
031. KINGS	071. SAN BERNARDINO	111. VENTURA
033. LAKE	073. SAN DIEGO	113. YOLO
035. LASSEN	075. SAN FRANCISCO	115. YUBA
037. LOS ANGELES	077. SAN JOAQUIN	
039. MADERA	079. SAN L OBISPO	

7777. Don't Know/Not Sure

9999. Refused



**ZIPCODE2 (CDC-CORE)**

**10.18** What is your zip code where you live?

\_\_\_\_\_ Enter the five digit number

777777. Don't know/Not sure

999999. Refused

**NUMHOLD2 (CDC-CORE)**

**YESNO.**

**10.19** Do you have more than one telephone number in the household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. Yes

2. No (Go to CELL)

77. Don't know (Go to CELL)

99. Refused (Go to CELL)

**NUMPHON4 (CDC-CORE)**

**TYPE I.**

**10.20** How many of these phone numbers are residential numbers?  
(8 = 8 or more)

1. One

2. Two

3. Three

4. Four

5. Five

6. Six

7. Seven

8. Eight (or more)

77. Unknown

99. Refused

**CELL (CDC-CORE)**

**YESNO.**

**10.22** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1. Yes (Go to CPCTSHAR)

2. No

77. Don't know

99. Refused

**CELSHARE (CDC-CORE)**

**YESNO.**

**10.23 Do you share a cell phone for personal use (at least one-third of the time) with other adults?**

- |     |            |                 |
|-----|------------|-----------------|
| 1.  | Yes        | (Go to CPCTUSE) |
| 2.  | No         | (Go to OWNHOME) |
| 77. | Don't know | (Go to OWNHOME) |
| 99. | Refused    | (Go to OWNHOME) |

**CPCTSHAR (CDC-CORE)**

**YESNO.**

**10.24 Do you usually share this cell phone (at least one-third of the time) with any other adults?**

- |     |            |
|-----|------------|
| 1.  | Yes        |
| 2.  | No         |
| 77. | Don't know |
| 99. | Refused    |

**CPCTUSE (CDC-CORE)**

**10.25 Thinking about all the phone calls that you receive, what percent, between 0 and 100, are received on your cell phone?**

- — — Enter Percent (0 to 100)
- |      |                     |
|------|---------------------|
| 777. | Don't know/Not sure |
| 999. | Refused             |

**OWNHOME (CDC-CORE)**

**10.26 Do you own or rent your home?**

- |     |                     |
|-----|---------------------|
| 1.  | Own                 |
| 2.  | Rent                |
| 3.  | Other arrangement   |
| 77. | Don't know/Not sure |
| 99. | Refused             |

*INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.*

*INTERVIEWER NOTE: Home is defined as a primary residence the family or social unit occupies the majority of the time.*

*If AGEB >45 and SEX = 2, skip to QUIT1DY3*

**PREGNANT (CDC-CORE)**

**YESNO.**

**10.27 To your knowledge, are you now pregnant?**

- |     |                     |
|-----|---------------------|
| 1.  | Yes                 |
| 2.  | No                  |
| 77. | Don't know/Not sure |
| 99. | Refused             |

**Section 11: Quitting**

Earlier you had answered some questions about smoking. We would like to follow-up on some of these questions.

If SMOKE100 <>1 skip to WHNCIGAR  
If SMKEVDA2 <= 2 or SMKREG <=4) continue, else skip to RETURN2

#### QUIT1DY3 (CDC-CORE)

11.1 During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

- |       |                     |                   |
|-------|---------------------|-------------------|
| 1.    | Yes                 | (Go to NOSMK)     |
| 2.    | No                  | (Go to QUITLIFE)  |
| ----- |                     |                   |
| 7.    | Don't know/Not sure | (Go to QUITLIFE)  |
| 9.    | Refused             | (Go to QUITLIFE)) |

#### NOSMK (NOSMKDY, NOSMKWK, NOSMKMO)

11.3 I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

(INTERVIEWER NOTE: ONE YEAR=12 MONTHS)

- |      |   |         |                  |
|------|---|---------|------------------|
| ---  | MONTHS                                  | NOSMKMO |                  |
| ---  | WEEKS                                   | NOSMKWK |                  |
| ---  | DAYS                                    | NOSMKDY |                  |
| 000. | Time frame does not apply               |         |                  |
| 777. | Don't know/Not sure for that time frame |         | (Go to QUITMED2) |
| 999. | Refused for that time frame             |         | (Go to QUITMED2) |
| 888. | Never made a quit attempt               |         |                  |

If SMKEVDA2=1 or 2 or SMK30ANY=1 then ask QUITMED2.

#### QUITMED2

11.4 Did you use medication such as patches, gum, or nasal spray to help you in this quit attempt?

- |       |                     |
|-------|---------------------|
| 1.    | Yes                 |
| 2.    | No                  |
| ----- |                     |
| 7.    | Don't know/Not sure |
| 9.    | Refused             |

#### QUITADV2

11.5 Did you use counseling advice in this quit attempt?

- |       |                     |
|-------|---------------------|
| 1.    | Yes                 |
| 2.    | No                  |
| ----- |                     |
| 7.    | Don't know/Not sure |
| 9.    | Refused             |

#### QUITMAT

11.6 Did you use any self-help materials in this quit attempt?

1. Yes
2. No
- 7.. Don't know/Not sure
9. Refused

## RETSITUA

### 11.7 In what situation did you return to smoking?

(INTERVIEWER: DO NOT READ. PROBE FOR MOST IMPORTANT REASON)

1. A stressful situation
2. A death or tragedy
3. Where alcohol was served
4. Because of marital problems
5. In a social situation
6. The aroma of cigarette smoke
7. Because you were irritable due to smoking withdrawal
8. While driving
9. For enjoyment
10. OTHER       (specify)       ----->RETURTXT  
-----
77. Don't know/Not sure
99. Refused

After respondent answers RETSITUA, go to RETURYR, RETURMO, RETURWK, RETURDY.
--

If QUIT1DY3#1 or NOSMK=888 (never made a quit attempt) then ask QUITLIFE.

## QUITLIFE

### 11.8 In your whole life, have you ever made a serious attempt to quit smoking?

1. Yes
2. No  
-----
7. Don't know/Not sure
9. Refused

## RETURN (RETURYR, RETURMO, RETURWK, RETURDY)

### 11.9 How long have you been smoking since your last quit attempt?

- |     |        |         |
|-----|--------|---------|
| --- | YEARS  | RETURYR |
| --- | MONTHS | RETURMO |
| --- | WEEKS  | RETURWK |
| --- | DAYS   | RETURDY |

000. Time frame does not apply
777. Don't know/Not sure for that time frame
999. Refused for that time frame
888. Never smoked again after last quit attempt

If SMOKENUM=888 (don't smoke regularly) go to LIKESTOP. Otherwise, continue.
--

## NOCIG (NOCIGDY, NOCIGWK, NOCIGMO, NOCIGYR)

**11.10 Since you started smoking regularly, what is the longest time you have ever gone without smoking a cigarette?**

---	YEARS	NOCIGYR
---	MONTHS	NOCIGMO
---	WEEKS	NOCIGWK
---	DAYS	NOCIGDY

000. Time frame does not apply  
777. Don't know/Not sure for that time frame  
999. Refused for that time frame  
888. Never smoked regularly

If SMKEVDA2=1 or 2 then ask LIKESTOP. Else skip to RETURN12.

**LIKESTOP**

**11.11 Would you like to stop smoking?**

1. Yes  
2. No  
-----  
7. Don't know/Not sure  
9. Refused

**QUIT30**

**11.12 Are you planning to quit smoking in the next 30 days?**

1. Yes (Go to FRNDWANT)  
2. No  
-----  
7. Don't know/Not sure  
9. Refused

**QUIT6**

**11.13 Are you contemplating quitting smoking in the next six months?**

1. Yes (Go to FRNDWANT)  
2. No (Go to FRNDWANT)  
-----  
7. Don't know/Not sure (Go to FRNDWANT)  
9. Refused (Go to FRNDWANT)

**RETURN12**

**11.14 Do you think it is likely or unlikely that you will return to smoking in the next 12 months?**

1. Likely (Go to WHNCIGAR)
2. Unlikely
3. Never a regular smoker
- 
7. Don't know
9. Refused

#### **SMKAGAIN**

11.15 Do you think that there is any possible situation in which you might start smoking again?

1. Yes (Go to WHNCIGAR)
2. No (Go to WHNCIGAR)
3. Never a regular smoker (Go to WHNCIGAR)
- 
7. Don't know (Go to WHNCIGAR)
9. Refused (Go to WHNCIGAR)

#### **FRNDWANT** (ask of current smoker)

11.16 How much do your friends and family want you to quit smoking? Would you say...

1. Very Much
2. Somewhat
3. A little, or
4. Not at all
- 
7. Don't know
9. Refused

SMKEVDA2 <=2 then ask CIGMONEY, else skip to WHNCIGAR

### **Section 12: Cigarette Purchases**

Now I'd like to ask you some questions about your cigarette purchases.

#### **CIGMONEY**

12.1 Are you worried about how much money you spend on cigarettes?

1. Yes
2. No
3. Never purchase cigarettes (Go to WHNCIGAR)
- 
7. Don't know/Not sure
9. Refused

#### **CABUY**

12.2 Do you usually buy your cigarettes in California, out of state, or over the Internet?

1. California

- |       |                             |                 |
|-------|-----------------------------|-----------------|
| 2.    | Out of state                | (Go to SMKTYPE) |
| 3.    | Over the Internet           | (Go to SMKTYPE) |
| ----- |                             |                 |
| 7.    | Don't know/Not sure         | (Go to SMKTYPE) |
| 8.    | Does not buy own cigarettes | (Go to SMKTYPE) |
| 9.    | Refused                     | (Go to SMKTYPE) |

#### WHEREBUY

##### 12.3 Where do you usually buy your cigarettes? Do you buy them....

- |       |   |
|-------|---|
| 1.    | At convenience stores or gas stations     |
| 2.    | At supermarkets                           |
| 3.    | At liquor stores or drug stores           |
| 4.    | At tobacco discount stores                |
| 5.    | At other discount stores such as Wal-Mart |
| 6.    | On Indian reservations                    |
| 7.    | In military commissaries                  |
| 8.    | OTHER ____ (specify) ----->BUYTXT         |
| ----- |   |
| 77.   | Don't know/Not sure                       |
| 99.   | Refused                                   |

#### SMKTYPE

##### 12.4 Do you usually smoke regular, light, or ultra light cigarettes?

- |       |                                    |
|-------|------------------------------------|
| 1.    | Regular                            |
| 2.    | Light                              |
| 3.    | Ultra Light                        |
| 4.    | OTHER ____ (specify) ----->TYPETXT |
| ----- |                                    |
| 7.    | Don't know/Not sure                |
| 9.    | Refused                            |

#### SMO230MEN

##### 12.45 During the past 30 days were the cigarettes that you usually smoked menthol?

- |    |                     |
|----|---------------------|
| 1. | Yes                 |
| 2. | No                  |
| 9. | Refused             |
| 7. | Don't know/Not sure |

#### SMKBRAN2

##### 12.5 What brand do you usually smoke?

- |    |                   |     |         |     |                     |
|----|-------------------|-----|---------|-----|---------------------|
| 1. | Benson and Hedges | 9.  | More    | 77. | Don't know/Not sure |
| 2. | Camel             | 10. | Newport |     |                     |

- |             |                                      |             |
|-------------|--------------------------------------|-------------|
| 3. Carlton  | 11. Pall Mal                         | 99. Refused |
| 4. Generic  | 12. Salem                            |             |
| 5. Kent     | 13. Vantage                          |             |
| 6. Kool     | 14. Virginia Slims                   |             |
| 7. Marlboro | 15. Winston                          |             |
| 8. Merit    | 91. OTHER _____(specify) ----->SMKTX |             |

## PRICE

12.7 How much do you usually pay for a pack of cigarettes?

EXAMPLE: for \$2.00 enter 200  
for \$1.75 enter 175  
for \$0.95 enter 95

\_\_\_\_ Enter response

777. Don't know/Not sure  
999. Refused

## BUYDOWN

12.8 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?

1. Yes
2. No
- 
7. Don't know/Not sure
9. Refused

## Section 13: Last Tobacco Use

If SMK CIGAR=1 then ask WHNCIGAR.

## WHNCIGAR

13.1 Earlier you indicated that you have smoked a cigar. When was the last time you smoked a cigar? (Read only if necessary.)

- |  |                 |
|--|-----------------|
| 1. Within the past month (0 months to 1 month ago)               |                 |
| 2. Within the past 3 months (More than 1 month to 3 months ago)  | (Go to PIPENOW) |
| 3. Within the past 6 months (More than 3 months to 6 months ago) | (Go to PIPENOW) |
| 4. Within the past year (More than 6 months to 12 months ago)    | (Go to PIPENOW) |
| 5. Within the past 5 years (More than 1 year to 5 years ago)     | (Go to PIPENOW) |
| 6. Within the past 15 years (More than 5 years to 15 years ago)  | (Go to PIPENOW) |
| 7. 15 or more years ago  | (Go to PIPENOW) |
| 77. Don't know/Not sure  | (Go to PIPENOW) |
| 99. Refused  | (Go to PIPENOW) |

## OFTCIGAR

13.2 In the past month, did you smoke cigars everyday, several times per week, once per week, or less than once per week?



1. Everyday
2. Several times per week
3. Once per week
4. Less than once per week

-----

7. Don't know/Not sure
9. Refused

If PIPEVER=1 then ask PIPENOW.

**PIPENOW**

**13.3 Earlier you indicated that you have smoked a tobacco pipe. Do you now smoke a tobacco pipe every day, some days or not at all?**

1. Every day
  2. Some Days
  3. Not at all
- 
7. Don't know/Not sure
  9. Refused

If CHEWEVER=1 then ask CHEWNOW.

**CHEWNOW**

**13.4 Earlier you indicated that you have used chewing tobacco. Do you now use chewing tobacco every day, some days, or not at all?**

1. Every day
  2. Some days
  3. Not at all
- 
7. Don't know/Not sure
  9. Refused

If SNUFEVER=1 then ask SNUFNOW.

**SNUFNOW**

**13.5 Earlier you indicated that you have used snuff. Do you now use snuff every day, some days, or not at all?**

1. Every day
  2. Some days
  3. Not at all
- 
7. Don't know/Not sure
  9. Refused

If SNUSEVER=1 then ask SNUSNOW.

**SNUSNOW**

**13.5 Earlier you indicated that you have used snus. Do you now use snus every day, some days, or not at all?**

1. Every day
2. Some days
3. Not at all

- 
7. Don't know/Not sure
  9. Refused

**HOUSTYPE** asked of all respondents

**13.7 Which best describes the building you live in?**

1. A mobile home
2. A house that is not attached to any other house
3. A house that is attached to one or more houses
4. An apartment or condominium in a complex with 15 or fewer units
5. An apartment or condominium in a complex with 16 or more units
6. An RV, Boat or other
- 
7. Don't know/Not sure
9. Refused

**Section 14: Health Care Access**

[Ask if SMKEVDA2= 1 or 2, or SMK30ANY= 1 OR SMKRGTM=> 1 or SMKRGTM <= 366]

**MDSEE**

**14.1 Did you see your doctor in the past 12 months?**

1. Yes
2. No (Go to OTRSEE)
- 
7. Don't know/Not sure (Go to OTRSEE)
9. Refused (Go to OTRSEE)

**MDSTOP12**

**14.2 In the last 12 months did your doctor advise you to stop smoking?**

1. Yes
2. No (Go to OTRSEE)
- 
7. Don't know/Not sure (Go to OTRSEE)
9. Refused (Go to OTRSEE)

**MDDATE**

**14.3 In the last 12 months did your doctor suggest that you set a specific date to quit smoking?**

1. Yes
2. No
- 
7. Don't know/Not sure
9. Refused

**MDRX**

14.4 In the last 12 months, did your doctor prescribe anything to help you to quit smoking?

- 1. Yes
- 2. No
- 
- 7. Don't know/Not sure
- 9. Refused

**MDASSIST**

14.5 In the last 12 months, did your doctor suggest that you receive any other assistance in quitting?

- 1. Yes
- 2. No
- 
- 7. Don't know/Not sure
- 9. Refused

If QUIT1DY3=1 and MDSTOP12=1, ask TRYQUIT. Otherwise, go to OTRSEE.
---

**Section 15: Quitting with Medical Assistance**

**TRYQUIT**

15.1 Did you try to quit when your doctor advised you to stop smoking?

- 1. Yes (Go to OUTWORK)
- 2. No
- 
- 7. Don't know/Not sure
- 9. Refused

**OTRSEE**

15.2 Did you see a nurse or other health professional in the past 12 months?

- 1. Yes
- 2. No (Go to OUTWORK)
- 
- 7. Don't know/Not sure (Go to OUTWORK)
- 9. Refused (Go to OUTWORK)

**OTRSTP12**

15.3 In the last 12 months did a nurse or other health professional advise you to stop smoking?

- 1. Yes
- 2. No (Go to OUTWORK)
- 
- 7. Don't know/Not sure (Go to OUTWORK)
- 9. Refused (Go to OUTWORK)

If QUIT1DY3=1 and OTRSTP12=1 then ask TRYQUITA.

**TRYQUITA**

15.4 Did you try to quit when a nurse or other health professional advised you to stop smoking?

1. Yes
2. No
- 
7. Don't know/Not sure
9. Refused

## **Section 16: Workplace**

### **OUTWORK**

16.1 **Do you currently work outside your home?**

1. Yes
2. No (Go to SMKELSE2)
- 
7. Don't know/Not sure (Go to SMKELSE2)
9. Refused (Go to SMKELSE2)

If EMPLOY2=1 or (EMPLOY2=2 and OUTWORK=1) then ask HRSWORK. Else go to SMKELSE2.

### **HRSWORK**

16.2 **How many hours per week, on average, do you work at your job?**

1. 35 or more hours per week
2. 20 to 34 hours per week
3. Less than 20 hours per week
- 
7. Don't know/Not sure
9. Refused

### **INDOORS**

16.3 **Do you work primarily indoors or outdoors?**

1. Indoors
2. Outdoors
- 
7. Don't know/Not sure
9. Refused

### **WKAREA1**

16.4 **What best describes where you currently work outside your home for money?**

1. An office
2. A plant/factory
3. A store
4. Warehouse
5. A classroom
6. A restaurant/bar
7. Vehicle
8. Outdoors
9. A home (e.g., private residences that are used as childcare)
10. A hospital
91. OTHER INDOOR SETTING (specify) ---->WAREATXT
-

- 77. Don't know/Not sure
- 99. Refused

#### WORK50

16.5 **Altogether, do more than 50 people work at your worksite?**

- 1. Yes
- 2. No
- 
- 7. Don't know/Not sure
- 9. Refused

#### TOTEMPLY

16.7 **What is the total number of employees at the building where you work?**

- 1. 1
- 2. 2 to 5
- 3. 6 to 25
- 4. 26 to 50
- 5. More than 50
- 
- 7. Don't know/Not sure
- 9. Refused

#### BLDFREE

16.8 **Is the building where you work completely smoke free indoors?**

- 1. Yes
- 2. No (Go to INALLOW)
- 
- 7. Don't know/Not sure (Go to INALLOW)
- 9. Refused (Go to INALLOW)

#### INALLOW

16.9 **For each of the following indoor areas at your workplace, please indicate whether smoking is allowed.**

	NOT ALLOWED	ALLOWED	DK/NS	REF	
A. Indoor work areas	1	2	7	9	INWKAREA
B. Special smoking room or lounge	1	2	7	9	INLOUNGE
C. Break room or cafeteria	1	2	7	9	INCAFE
D. Hallways or lobby	1	2	7	9	INHALLS

**OUTALLOW**

16.10 Is smoking allowed outside the building.....

NOT  
ALLOWED ALLOWED DK/NS REF

A. Close to entrances (e.g. within 20 feet)	1	2	7	9	OUTENTR
B. In a special area on the property	1	2	7	9	OUTSPEC

**POLICY**

16.11 Is there an official policy that restricts smoking in any way at your worksite?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

**PLCYCHG**

16.12 Has the official smoking policy changed in the last 12 months?

1. Yes
2. No (Go to SMKWORK)  
-----
7. Don't know/Not sure (Go to SMKWORK)
9. Refused (Go to SMKWORK)

**HOWCHG**

16.13 How did the policy change? Would you say it is

1. More restrictive
2. Less restrictive  
-----
7. Don't know/Not sure
9. Refused

**SMKWORK**

16.14 Which of the following best describes the smoking policy for areas in which employees work? Would you say that smoking is not allowed in any work areas, allowed in some work areas, or allowed in all work areas?

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas  
-----
7. Don't know/Not sure
9. Refused

**SMKAREA**

**16.15 Which of the following best describes the smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? Would you say that smoking is not allowed in any public areas, allowed in some public areas, or allowed in all public areas?**

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. Do not use public areas
- 
7. Don't know/Not sure
9. Refused

**WORK7DAYS**

**16.16 As far as you know, in the past seven days, has anyone smoked in your work area?"**

1. Yes (Go to WHATAREA)
2. No
7. Don't Know/Not sure
9. Refused

**WORKSMK**

**16.17 During the past two weeks has anyone smoked in the area in which you work?**

1. Yes
2. No (Go to PLCYSMK)
- 
7. Don't know/Not sure (Go to PLCYSMK)
9. Refused (Go to PLCYSMK)

**WHATAREA**

**16.18 The last time this happened, what work area were you in? (Don't read the answers just code it)**

1. Close to entrance (e.g., within 20 feet)
2. In a specially designated smoking outdoor area on the property
3. In a specially designated smoking room in an indoor area
4. Office work area
5. Break room
6. Cafeteria
7. Office hallway, lobby
8. Stairwell, elevator
9. Restroom
10. Hotel or motel guest room
11. Hotel or motel lobby, meeting room, or banquet room
12. Cabin of motor truck or truck tractor
13. Taxi cab (or car)
14. Warehouse facility
15. Private residence, including a family day care home
16. Long-term health care facility
17. Theatrical production site

18. Medical research or treatment site where smoking is part of the research/treatment
19. American Indian casino
20. Bar or tavern
21. Retail or wholesale tobacco shop, or private smoker's lounge (including cigar or hookah bar)
22. Covered parking structure
23. Don't know/Not sure
24. Refused
25. Other -----(specify)---→ WORKEXPTEXT

If (PLCYCHG=1) and {(SMKEVDA2=1 or 2) or (SMK30ANY=1)} and (SMKRGTM < 366) then ask PLCYSMK. Otherwise go to SMKELSE2.

### **PLCYSMK**

16.19 **Earlier you indicated the smoking policy at your place of employment changed, did you change your smoking behavior because of the smoking policy?**

1. Yes
2. No
- 
7. Don't know/Not sure
9. Refused

### **Section 17: Household Rules**

SMKELSE2 is asked of all respondents.

**Now, I would like to ask you a few questions about your household...**

### **SMKELSE2**

17.1 **Does anyone else living in the household smoke cigarettes now?**

1. Yes
2. No (Go to HHRULES2)
- 
7. Don't know/Not sure (Go to HHRULES2)
9. Refused (Go to HHRULES2)

### **SMKELSEN**

17.2 **How many other household members currently smoke?**

- Enter number
77. Don't know
  99. Refused



### HHRULES3

17.4 What are the smoking rules or restrictions in your household, if any? Would you say smoking is completely prohibited, smoking is generally prohibited with few exceptions, smoking is allowed in some rooms only, or there are no restrictions on smoking?

1. Smoking is completely prohibited (Go to HHEVER)
2. Smoking is generally prohibited with few exceptions
3. Smoking is allowed in some rooms only (Go to HHEVER)
4. There are no restrictions on smoking
5. OTHER \_\_\_\_ (specify) ----->HHTXT  
-----
7. Don't know/Not sure
9. Refused

### HHALLOW

17.5 Is any smoking ever allowed inside your home?

1. Yes
2. No  
-----
7. Don't know/Not sure
9. Refused

### HHEVER

17.6 Does anyone ever smoke inside your home?

1. Yes
2. No  
-----
7. Don't know/Not sure
9. Refused

### Section 18: Exposure to Smoke

PERCENT asked of all adults

18.1 Now, think about 100 Californian adults. How many of them do you think currently smoke cigarettes?

\_\_\_ Enter response 0-100

0000. None at all  
7777. Don't know  
9999. Refused

**EXPOTH1**

18.2 In California, in the past 6 months, which is since (MONTH/YEAR), have you had (anyone) (to put up with someone) smok(e)ing near you at any other place besides your home or your workplace?

- 1. Yes
- 2. No (Go to EXPHRS)
- 
- 7. Don't know/Not sure (Go to EXPHRS)
- 9. Refused (Go to EXPHRS)

**EXPTXT1**

18.3 The last time this happened in California, where were you?

- 1. Restaurant
- 2. Restaurant Bar
- 3. Bar or tavern
- 4. Pool Hall
- 5. Shopping mall/stores
- 6. Public park/beaches/playgrounds/outdoor recreation areas
- 7. Community event/fair/farmer's market
- 8. Sports events/stadiums
- 9. Other person's home
- 10. Other person's automobile
- 11. Game room/casino/bingo hall
- 12. Where smoking should not ever be allowed
- 13. Party/wedding receptions/social event/rented hall
- 14. Other service areas such as bus/cab stands, ATM lines, ticket lines
- 15. Sidewalks
- 91. Other (specify)
- 77. Don't know/not sure
- 99. Refused

**EXPHRS**

18.4 In the past week, about how many minutes or hours were you exposed to other people's tobacco smoke in all environments?

EXAMPLE: for 30 minutes enter 30  
for 10 hours and 30 minutes enter 1030

\_ \_ \_ \_ Enter response

- 0000. None at all
- 7777. Don't know
- 9999. Refused

## **Section 19: College Campuses**

### **ENROLLED**

19.1 Are you currently enrolled in a course on a college campus?

1. Yes
2. No (Go to BARVISIT)  
-----
7. Don't know/Not sure (Go to BARVISIT)
9. Refused (Go to BARVISIT)

### **CAMPEXP**

19.2 In the past two weeks, have you been exposed to other people's tobacco smoke on campus.....

	YES	NO	DK/NS	REF	
A. Indoors	1	2	7	9	CAMPIN
B. Outdoors	1	2	7	9	CAMPOUT

### **TOBSPON**

19.3 Are you aware of any tobacco industry sponsored activities on your college campus in the past twelve months?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

## **Section 20: Bars**

**BARVISIT** (asked of all respondents)

20.1 Have you been to a bar, tavern, or nightclub including those that are attached to a restaurant, hotel or card club, in California during the past 12 months?

1. Yes
2. No (Go to BANAPPRV)  
-----
7. Don't know/Not sure (Go to BANAPPRV)
9. Refused (Go to BANAPPRV)

### **SMKFREE**

20.2 The last time you went to a bar, tavern or nightclub including those that are attached to a restaurant, hotel or card club, in California, was it smoke-free?

1. Yes
2. No  
-----
7. Don't know/Not sure
9. Refused

### **BANAPPRV**

**20.3 California has a law prohibiting smoking in bars, taverns, and nightclubs including those that are attached to a restaurant, hotel, or card club. Do you approve of this law?**

- 1. Yes
- 2. No
- 
- 7. Don't know/Not sure
- 9. Refused

### **Section 21: Casinos**

#### **CASINO**

**21.1 In the past 12 months, have you been to a California Indian Casino?**

- 1. Yes
- 2. No
- 
- 7. Don't know/Not sure
- 9. Refused

#### **CASNOSMK**

**21.2 If smoking were prohibited in California's Indian Casinos, would this make you more likely to visit them, less likely to visit them, or would it make no difference to you?**

- 1. More likely
- 2. Less likely
- 3. No difference
- 4. No opinion
- 7. Don't know/Not sure
- 9. Refused

### **Section 22: Tobacco Advertising**

**ADVATRCT (ask of all respondents)**

**22.2 Of all the cigarette advertisements you have seen, what is the name of the cigarette brand featured in the advertisement that attracts your attention the most?**

- |                      |                    |                                    |
|----------------------|--------------------|------------------------------------|
| 1. Benson and Hedges | 9. More            | 88. No brand attracted attention   |
| 2. Camel             | 10. Newport        |                                    |
| 3. Carlton           | 11. Pall Mal       | 77. Don't know/Not sure            |
| 4. Generic           | 12. Salem          |                                    |
| 5. Kent              | 13. Vantage        | 99. Refused                        |
| 6. Kool              | 14. Virginia Slims |                                    |
| 7. Marlboro          | 15. Winston        |                                    |
| 8. Merit             |                    | 91. OTHER <u>(specify)</u> ATRCTXT |

**Section 23: Other's Smoking****SMKANNOY**

**23.1 How annoying do you find other people's smoking? Would you say not annoying at all, a little annoying, moderately annoying, very annoying, or extremely annoying?**

1. Not annoying at all
2. A little annoying
3. Moderately annoying
4. Very annoying
5. Extremely annoying

- 
7. Don't know/Not sure
  9. Refused

**ASKNOSMK**

**23.2 In the past 12 months have you ever asked someone not to smoke?**

1. Yes
  2. No (Go to ASKTIMES)
- 
7. Don't know/Not sure (Go to ASKTIMES)
  9. Refused (Go to ASKTIMES)

**ASKWHO**

**23.3 On the most recent occasion you asked someone not to smoke, who was that person?**

1. Spouse or partner
2. Parent
3. Child
4. Other relative
5. Friend
6. Co-worker
7. Other known person
8. Stranger
77. Don't know/Not sure
99. Refused

**ASKRSN2**

**23.4 On that same occasion, what was the primary reason you asked that person not to smoke?**

1. Smoke was annoying to you
2. Concerned about long-term health effects of secondhand smoke
3. Smoking was illegal
4. Concerned about the smokers health
5. Concerned about your own health (respondents health)
6. OTHER: (specify) ----->ASKTXT (Text)
7. Don't know/Not sure
9. Refused

If SMKEVDA2=1 or 2, continue, else skip to ANTITOB.
---

**ASKTIMES**

23.5 About how many times in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke? Would you say never, once or twice, several times, or many times?

1. Never
2. Once or twice
3. Several times
4. Many times
- 
7. Don't know/Not sure
9. Refused

**Section 24: Anti-Tobacco Messages**

ANTITOB is asked of all respondents.

**ANTITOB**

24.1 Within the last 30 days, have you seen or heard any anti-tobacco messages?

1. Yes
2. No (Go to MORETAX)
- 
7. Don't know/Not sure (Go to MORETAX)
9. Refused (Go to MORETAX)

**HTV, HRADIO, HBBOARD, HNEWSPAP, HMAG**

24.2 Did you see or hear any anti-tobacco message on:

	YES	NO	UNKNOWN/NOT SURE	REFUSED
1. TV	1	2	7	9
2. RADIO	1	2	7	9
3. BILLBOARD	1	2	7	9
4. NEWSPAPER	1	2	7	9
5. MAGAZINES	1	2	7	9
6. OTHER ( <u>specify other source</u> ) 1----->HOTHTXT (Go to MORETAX)				

## **Section 25: Taxes**

MORETAX is asked of all respondents.

### **MORETAX**

**25.1 How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Please tell me the highest tax you are willing to support ...? (Read all the following)**

1. \$.25 a pack
2. \$.50 a pack
3. \$.75 a pack
4. \$1.00 a pack
5. \$1.50 a pack
6. \$2.00 a pack
7. \$3.00 a pack
8. More than \$3.00
9. No tax increase
10. OTHER \_\_\_\_ (specify) ----->TAXTXT  
-----
77. Don't know/Not sure
99. Refused

## **Section 26: Attitudes**

**ATITINTR** (Questions are asked in random order.)

**Finally, I'm going to read you a few statements about smoking. Please tell me whether you agree or disagree with the following.**

ATITUD6 and ATITUD69 are only asked if SMKEVDA2=1 or 2. ATITUD 10,11,13,29, 30 ASKED OF 50% OF RESPONDENTS, ATITUD71, 72, 73, 74, 75 ASKED OF THE OTHER 50% OF RESPONDENTS

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
<b>ATITUD6</b>				
26.1 I rarely smoke when I am the only smoker in a group.	1	2	7	9
<b>ATITUD69</b>				
26.2 If the tobacco industry promoted a new type of cigarette as safer, I would try it.	1	2	7	9
<b>ATITUD7</b>				
26.3 Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.	1	2	7	9
<b>ATITUD8</b>				
26.4 Inhaling smoke from someone else's cigarette harms the health of babies and children.	1	2	7	9

### **ATITUD33**

26.5	If a woman smokes when pregnant, it will harm the health of her baby.	1	2	7	9
------	---	---	---	---	---

**ATITUD17**

26.6	I prefer to eat in restaurants that are smoke free.	1	2	7	9
------	---	---	---	---	---

**ATITUD10**

26.7	Tobacco advertising encourages young people to start smoking.	1	2	7	9
------	---	---	---	---	---

**ATITUD27**

26.8	Tobacco companies can lower the nicotine content of tobacco products.	1	2	7	9
------	---	---	---	---	---

**ATITUD11**

26.9	Tobacco is NOT as addictive as other drugs such as heroin or cocaine.	1	2	7	9
------	---	---	---	---	---

**ATITUD35**

26.10	All indoor worksites, including restaurants and cafeterias, should be smoke free.	1	2	7	9
-------	---	---	---	---	---

**ATITUD15**

26.11	Local communities should strongly enforce laws that prevent people from selling cigarettes to minors.	1	2	7	9
-------	---	---	---	---	---

**ATITUD13**

26.12	Minors caught buying cigarettes should be fined.	1	2	7	9
-------	--	---	---	---	---

**ATITUD19**

26.13	Store owners should need a license to sell cigarettes (just like alcoholic beverages).	1	2	7	9
-------	--	---	---	---	---

**ATITUD32**

26.14	Cigarette vending machines should be totally prohibited.	1	2	7	9
-------	--	---	---	---	---

**ATITUD20**

26.15	The ban on cigarette advertising should be extended to all print and electronic media.	1	2	7	9
-------	--	---	---	---	---

**ATITUD18**

26.16	Advertising tobacco products at sports and athletic events should be banned.	1	2	7	9
-------	--	---	---	---	---

**ATITUD23**

26.17	The tobacco industry should be forced	1	2	7	9
-------	---------------------------------------	---	---	---	---



to put stronger warnings on all their potentially harmful products.

**ATITUD24**

26.18 Tobacco products should be treated like other foods and drugs, with each package having full disclosure of potentially harmful contents. 1 2 7 9

**ATITUD29**

26.19 Tobacco products should be regulated as a drug by a government agency such as the Food and Drug Administration. 1 2 7 9

**ATITUD30**

26.20 The tobacco industry should not be permitted to offer products such as clothing or camping equipment in exchange for coupons on cigarette packs. 1 2 7 9

**ATITUD31**

26.21 The distribution of free tobacco samples or coupons to obtain free samples by mail, should not be permitted. 1 2 7 9

**ATITUD42**

26.22 The production and sale of cigarettes should not be a legitimate business in the United States. 1 2 7 9

**ATITUD34**

26.23 The tobacco industry spokespersons mislead the public when they say tobacco is not addictive. 1 2 7 9

**ATITUD66**

26.24 If a person smokes only 5 cigarettes per day, their chances of getting cancer from smoking are about the same as someone who never smokes. 1 2 7 9

**ATITUD67**

26.25 Nicotine is a cause of cancer. 1 2 7 9

**ATITUD68**

26.26 The government exaggerates the risks of smoking. 1 2 7 9

**ATITUD70**

26.27 Smoking light cigarettes is safer than smoking regular cigarettes. 1 2 7 9

**ATITUD71**

26.28 Smoking should not be allowed in outdoor 1 2 7 9

dining areas at restaurants.

**ATITUD72**

26.29 Smoking should not be allowed at a public beach. 1 2 7 9

**ATITUD73**

26.30 Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds. 1 2 7 9

**ATITUD74**

26.31 Apartment complexes should require at least half of the rental units to be smoke-free. 1 2 7 9

**ATITUD75**

26.32 Outdoor common areas within apartment or condominium complexes, such as pools, common area patios, and walkways, should have designated areas for smoking. 1 2 7 9

**ATITUD76**

26.33 Indian casinos in California should be smoke-free. 1 2 7 9

**ATITUD77**

26.34 Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnicity groups. 1 2 7 9

**ATITUD78**

26.35 Pharmacies/drug stores should not sell tobacco products 1 2 7 9

LUNGCAN is asked of all respondents.

**LUNGCAN**

26.35 Do you think your risk of lung cancer is higher, lower, or about the same as other men or women your age?

1. Higher
2. Lower
3. About the same
- 
7. Don't know/Not sure
9. Refused

## **Section 27: Fruits and Vegetables**

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

### **JUICE10**

**27.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.**

**INTERVIEWER NOTE:** Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question.

Do include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

(88-90)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 .Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

### **FRUIT10**

**27.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit**

(91-93)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

**Read only if necessary:** “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

**INTERVIEWER NOTE:** Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving since they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

## BEANS

**27.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.**

(94-96)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

**Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

## VEGGREEN

**27.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?**

(97-99)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time."**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

## VEGORANG

**27.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?**

**Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."**

(100-102)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

**FOR INTERVIEWER:** Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based dessert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

## **OTHRVEG**

**27.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.**

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

(103-105)

1 \_\_ Per day

2 \_\_ Per week

3 \_\_ Per month

5 5 5. Never

7 7 7. Don't know / Not sure

9 9 9. Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

**INTERVIEWER NOTE:** Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

## **Section 28: Immunization**

### **FLUSHOT5 (CDC CORE)**

**28.1 Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm and the seasonal flu vaccine sprayed in the nose is called FluMist™. During the past 12 months, have you had either a seasonal flu shot or seasonal flu vaccine that was sprayed in your nose?**

(161)

1. Yes

2 . No (Go to FLUNOSE3)

77. Don't know / Not sure (Go to FLUNOSE3)

99. Refused (Go to FLUNOSE3)

**FLSHTW3 (CDC CORE)**

**28.2 During what month and year did you receive your most recent seasonal flu shot injected into your arm or flu vaccine that was sprayed in your nose?**

(162-167)

\_\_ / \_\_\_\_ Month / Year

7 7 / 7 7 7 7 Don't know / Not sure

9 9 / 9 9 9 9 Refused

**FLUPLAC5 (CDC-CORE)**

**FLUWHERE**

**28.3 At what kind of place did you get your last flu shot/vaccine that was sprayed in your nose/vaccination, whether it was a shot or sprayed in your nose?**

1. A doctor's office or health maintenance organization (HMO)
2. A health department
3. Another type of clinic or health center (Example: community health center)
4. A senior center, recreation, or community center
5. A store (Examples: supermarket, drugstore)
6. A hospital (Example: inpatient)
7. An emergency room
8. Workplace
9. Some other kind of place (specify)
10. (Do not read) Received vaccination in Canada/Mexico
11. A school

777. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)

999. Refused

**PNEUMVC3 (CDC-CORE)**

**YESNO.**

**28.4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?**

1. Yes
2. No

77. Don't Know/Not sure

99. Refused

**Section 29: Disability/Arthritis Burden**

---

**RESTRIC3 (CDC-CORE)**

**YESNO.**

**29.1 The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

1. Yes
2. No
77. Don't know/Not sure
99. Refused

**EQUIP (CDC-CORE)****YESNO.**

**29.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (include occasional use or use in certain circumstances)

1. Yes

2. No

77. Don't know/Not sure

99. Refused

**ARTHRITD=1 THEN GO TO LIMITJN2, ELSE go to SEATBELT**

Next I will ask you about your Arthritis

**LIMITJN2 (CDC-CORE)****YESNO.**

**29.3** Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**ARTHWRK2 (CDC-CORE) (Ask of all respondents regardless of employment status)**

**29.4** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

*INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."*

**ARTHPLAY (CDC-CORE) (NEW)**

**29.5 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say...**

- 1. A lot
- 2. A little
- 3. Not at all

- 77. Don't know / Not sure
- 99. Refused

*INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."*

#### **ARTHPAIN (CDC-CORE) (NEW)**

**29.6 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.**

- Enter number (1-10)
- 88. Zero
- 77. Don't know / Not sure
- 99. Refused

#### **Section 30: Seat Belt Use**

---

##### **SEATBELT (CDC-CORE)**

**YESNO.**

**30.1 How often do you use seat belts when you drive or ride in a car? Would you say—**

(203)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

#### **Section 31: Alcohol Consumption**

---



**DRNKALC4 (CDC CORE)**

**31.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?**

101-107 = days per week  
201-231 = days in past 30

\_\_\_\_\_ Enter Days per week or per month

888. None (Go to AIDSTST8)  
777. Don't know/Not sure  
999. Refused

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**31.3 One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?**

**NOTE: A 40 ounce beer would count as 3 drinks, or a mixed drink with 2 shots would count as 2 drinks.**

\_\_\_\_\_ Enter Number of drinks (One half= .5) (verify if GT 11)

88. None  
77. Don't know/Not sure  
99. Refused

**DRNKGE5B (CDC CORE)**

**TYPE I.**

**31.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if sex=1 "5 or more" If sex=2 "4 or more") drinks on one occasion?**

\_\_\_\_\_ Enter Number of times (verify if GT 15)

88. None  
77. Don't know/Not sure  
99. Refused

**DRINKNUM (CDC- CORE)**

**TYPE VII.**

**31.5 During the past 30 days, what is the largest number of drinks you had on any occasion?**

\_\_\_\_\_ Enter Number of drinks (verify if GT 15)

88. None  
77. Don't know/Not sure  
99. Refused

---

**Section 32: HIV/AIDS**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask about testing, we will not ask you about the results of any test you may have had.

**AIDSTST8 (CDC CORE)**

**YESNO.**

**32.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.**

- 1. Yes
- 2. No

(Go to HIVRISK)

- 77. Don't know/Not sure
- 99. Refused

(Go to HIVRISK)

(Go to HIVRISK)

**TSTDATE (CDC-CORE)**

**32.2 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests).** Interviewer note: If response is before January 1985 code "don't know." Code 4 digit year.

- \_\_\_/\_\_\_ Enter month and year
- 7777. Don't know/Not sure
- 9999. Refused

**HIVRISK (CDC CORE)**

**YESNO.**

**32.4 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.**

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

**Do any of these situations apply to you?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

### Section 33: Recent Flu-like illness

---

#### FLUN1

**33.3 We would like to ask you some questions about recent respiratory illnesses. Last month were you ill with a fever?** (918)

- 1. Yes
- 2. No (Go to FLUN8)
- 77. Don't know/Not sure (Go to FLUN8)
- 99. Refused (Go to FLUN8)

#### FLUN2

**33.4. Did you also have a cough and/or sore throat?** (919)

- 1. Yes
- 2. No (Go to FLUN8)
- 77. Don't know/Not sure (Go to FLUN8)
- 99. Refused (Go to FLUN8)

#### FLUN3

**33.5 Did you visit a doctor, nurse, or other health professional for this illness?** (921)

- 1. Yes
- 2. No (Go to FLUN8)
- 77. Don't know/Not sure (Go to FLUN8)
- 99. Refused (Go to FLUN8)

#### FLUN4

**33.6 When did you visit a doctor, nurse, or other health professional for this illness?**  
(920) **Would you say...**

- 1. Within 2 days of getting ill
- 2. Within 3 to 7 days of getting ill
- 3. More than 7 days of getting ill
- 77. Don't know/Not sure
- 99. Refused

#### FLUN5

**33.7 What did the doctor, nurse, or other health professional tell you?** (922)

**Did they say...**

- 1. You had influenza or the flu,
- 2. You had some other illness, but not the flu
- 77. Don't know/not sure
- 99. Refused

**If FLUN5 = 2 and 1 adult in household Go to FLUN10, else FLUN5=2 and >1 adult in**

household Go to FLUN8)

**FLUN6**

**33.8 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...** (923)

- 1. Yes, had flu test and it was positive
- 2. No, had flu test but it was negative
- 3. No, flu test was not done
- 77. Don't know/Not sure
- 99. Refused

**FLUN7**

**33.9 Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness?** (924)

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**FLUN8** (ask if more than 1 household member)

**33.10 Did any other members of your household have a fever with cough or sore throat during the past month?** (925)

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**(Go to FLUN10)**

**FLUN9**

**33.11 How many household members, (including you,) were ill during the past month?** (926-927)

- \_\_\_ # persons ( $\geq 1$ )
- 7 7 Don't know/Not Sure
- 9 9 Refused

**If (FLUN1 = 1(Yes) and FLUN2 = 1 (Yes) or FLUN8 = 1 (Yes) continue to FLUN10; otherwise, skip to next section.**

**FLUN10**

**33.12. Did you or any members of your household get hospitalized for flu last month?** (928-929)

[Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]

- \_\_\_ # persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

## Section 34: Child Selection

---

If CHILD18 = 0 or CHILD18 = RF, Go to CLOSING; Else continue  
IF CHILD18 > 1, one child is randomly selected

**Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the [XX] year old. All the questions about children will be about that child.**

### **CH\_SEL (CA-IMMUN-CDC OPTIONAL MODULE)**

**BOYGIRL.**

#### **34.1 Is the child a boy or a girl?**

- 1. Boy
- 2. Girl
  
- 99. Refused

### **CH\_HISP (CA-EHIB –CDC OPTIONAL MODULE)**

**YESNO.**

#### **34.2 Is the child Hispanic or Latino?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

### **CH\_RACE3 (CA-EHIB –CDC OPTIONAL MODULE)**

#### **34.3 Which one or more of these groups would you say is the race of the child?**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other (Specify) ----->
  
- 77. Don't know/Not sure
- 99. Refused

If more than one response to CH\_RACE3, continue. Otherwise, go to CH\_BORN.

**CH\_RACE4 (CA –CDC OPTIONAL MODULE)**

**34.4 Which one of these groups would you say best represents the child's race?**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native
- 6. Other
  
- 77. Don't know / Not sure
- 99. Refused

**CH\_BORN (CA-IMMUN–CDC OPTIONAL MODULE)**

**34.5 In what month and year was [he/she] born?**

\_\_\_/\_\_\_ Enter month/year

- 77. Don't know/Not sure (Probe by repeating the question)
- 99. Refused

**CH\_REL (CDC–EHIB CDC ASTHMA CALLBACK –CDC OPTIONAL MODULE)**

**34.6 How are you related to the child?**

*Please read:*

- 1. Parent (include biologic, step, or adoptive parent)
- 2. Grandparent
- 3. Foster parent or guardian
- 4. Sibling (include biologic, step, and adoptive sibling)
- 5. Other relative
- 6. Not related in any way
  
- 77. Don't know/Not sure
- 99. Refused

**Section 35: Childhood Asthma Prevalence**

**CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)**

**YESNO.**

**35.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?**

- 1. Yes
- 2. No (Go to CFLUN1)
- 77. Don't know/Not sure (Go to CFLUN1)
- 99. Refused (Go to CFLUN1)

**CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)**

**YESNO.**

**35.2 Does the child still have asthma?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

If CH\_BORN less than 6-months ago, go to CALLBACK; Else continue

---

### **Section 36: Childhood Flu-like Illness**

---

#### **CFLUN1 (CDC OPTIONAL MODULE)**

**36.1. Last month did the child had a fever with cough and/or sore throat? (930)**

- |    |            |                  |
|----|------------|------------------|
| 1. | Yes        |                  |
| 2. | No         | (Go to CH_SHOT3) |
| 7. | Don't know | (Go to CH_SHOT3) |
| 9. | Refused    | (Go to CH_SHOT3) |

#### **CFLUN2 (CDC OPTIONAL MODULE)**

**36.2 Did the child visit a doctor, nurse, or other health professional for this illness? (931)**

- |    |            |
|----|------------|
| 1. | Yes        |
| 2. | No         |
| 7. | Don't know |
| 9. | Refused    |

**CATI note: If selected child's age is  $\geq$  6 months, continue. Otherwise, go to CLOSING**

#### **CH\_SHOT3 (CDC Optional Module 25) New question**

**37.7 Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?**

- |    |                       |                  |
|----|-----------------------|------------------|
| 1. | Yes                   |                  |
| 2. | No                    | (Go to CALLBACK) |
| 7. | Don't know / Not sure | (Go to CALLBACK) |
| 9. | Refused               | (Go to CALLBACK) |

#### **CH\_WHEN (CDC Optional Module 25) New question**

**37.8. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive their most recent seasonal flu vaccination?**

\_\_ / \_\_ \_\_ \_\_ \_\_ Month / Year  
7 7 / 7 7 7 7 Don't know / Not sure  
9 9 / 9 9 9 9 Refused

## Section 42: Closing

*If ASTHEV3=1 or CHLDAST2 =1continue, else skip to CLOSING*

---

### ADLTCALL (CA-California Breathing)

YESNO.

**31.1 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your (your child's) experience with asthma?**

- 1. Yes
- 2. No

- 77. Don't know/Not sure
- 99. Refused

### CALLBACK (CA-DSS)

YESNO.

**31.2 Do you think you would be willing to do a follow-up to this survey sometime in the future?**

*If ASTHNOW=1 or CHLDASTB =1* **Do you think you would be willing to do a general health follow-up to this survey sometime in the future?**

- 1. Yes
- 2. No

- 77. Don't know/Not sure
- 99. Refused

### Closing statement:

**That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.**

### SPANIN2 NEW

SPANINB.

**(TO INTERVIEWER:) Was this interview completed in English, Spanish, Mandarin, or Cantonese?**

- 1. Spanish
- 2. English
- 3. Cantonese
- 4. Mandarin